

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 1, 2004

Re: IRO Case # M2-05-0044

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Lumbar MRI report 12/26/01
4. Electrodiagnostic test report 3/25/03
5. Orthopedic surgeon report 5/8/02
6. DDE report 3/29/02
7. M.D. and D.C. reports 2002-2004

History

The patient is a 55-year-old male who in ____ was hit by a truck that backed into him. He developed back pain, and this has continued despite physical therapy and a work hardening program. He had a history of a previous back injury in 1983 from which he recovered without difficulty. A December 2001 lumbar MRI showed a probable right L4-5 asymmetric bulging that could be causing nerve root compression. Straight leg raising has been positive, and there was a crossing of straight leg raising from left to right on one occasion per the patient's physician. He noticed some weakness of plantar flexion and dorsiflexion on the right side. There was a recommendation for a surgical procedure on the lumbar spine, but more than a year has passed since that recommendation, based on the records provided for this review.

Requested Service(s)

Open Lumbar MRI

Decision

I disagree with the carrier's decision to deny the requested open MRI.

Rationale

The patient has not had a significant imaging test since the December 2001 MRI of the lumbar spine. As of several months ago, the patient was continuing to have discomfort in his back and primarily into the right lower extremity, and there were findings that suggested on examination and EMG that a surgical procedure, probably consisting of disk rupture removal and decompression, may be beneficial, especially at the 4-5 level. As far as determining that being the definite level of his problem, too long has passed, and the findings are not distinct enough at that level only. Therefore, a repeat MRI is indicated. I am assuming that an open MRI is sought because of the patient's possible obesity or claustrophobia, and under these circumstances an open MRI is the proper choice to pursue.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin.

Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 1st day of November 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: